

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 525 / 1831

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Hillary

A.

Full Name (Last, First, Middle Initial)

Adrienne Germain

Mailing Address 410 W 24th St
Apartment 10L

City State Zip Code
New York NY 10011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Women's Health Center

Occupation
Sociologist

Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt

MM / DD / YYYY
08 / 28 / 2008

Transaction ID: C2833338

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

* Transfer from Authorized
Cte/Redesignation

B.

Full Name (Last, First, Middle Initial)

Barbara S Gerrard

Mailing Address 11 Garden Ridge Rd

City State Zip Code
Chappaqua NY 10514-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Lawyer

Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt

MM / DD / YYYY
08 / 28 / 2008

Transaction ID: C2833793

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

* Transfer from Authorized
Cte/Redesignation

C.

Full Name (Last, First, Middle Initial)

Vicki Gershon

Mailing Address 211 Maple Hill Rd

City State Zip Code
Gladwyne PA 19035-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Counselor

Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt

MM / DD / YYYY
08 / 28 / 2008

Transaction ID: C2837065

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

* Transfer from Authorized
Cte/Redesignation

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)